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Substitute for Form 14	Substitute for Form 1449 A & B/PTO		Complete if Known					
	.,			Application Number	DIV of USSN 09/890,825			
INFO	RMATION	DISCLOS	URE	Confirmation Number	0000			
STAT	TEMENT B	Y APPLIC	ANT	Filing Date	June 25, 2003			
				First Named Inventor	Mikael PARONEN			
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				Examiner Name	Foelak, M.			
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<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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